

UNIVERSITY OF THE PHILIPPINES LOS BANOS

Los Banos, IV-A VAT Reg. TIN: 000-864-006-00004 FEB 2 0 2024 - TOAM

UPLB-RQ- 2-047-24-GOODS

DEADLNE OF SUBMISSION

UPLB-RQ-

Request for Quotation/ Bid Form (Technical Specifications)

<u>CVM Veterinary Teaching Hospital</u>

							DEADLINE OF SUBMISSION:			
	Suppliers Name:	uppliers Name:				Date Fund Code: MOP:	02 August 2022 9317228		-	
						Contact No: Contact Person	(049) 530-1810 / 0943355498 Dave G. Escosura / AICA takynnemeding			
		Please quote your lowest price on the	e item/s l	isted b	elow, subject to t	he General Cond	litions below.	/	, , , , ,	
Note:	 Price quotation/s t Bidders must indic Quotation through Quotations exceed 	ide correct and accurate information required in to be denominated in Philippine Peso shall incluste the BRAND and MODEL NUMBER for equil fav/email is acceptable. Winning bidder shall ading the Appoved Budget for Contract shall be uirements per Memorandum No. 03 Series of 20 se	ide all taxe ipment an submit orig rejected.	es, dut d its ac inal sig	es, and/ or levies possessories or periposessories or periposes RQ before issued RQ before RQ	payable. herals. Evidence s suance of Puchase	shall be in the form of manufacture e order (P.O.).			
ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QΤΥ	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT		OFFERED SPECIFICATION Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this spec blank, For BAC Evaluators only
1	Urinary strip	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 10V, 100 strips/ bottle	btl	6	2000	12,000.00				
2	Centrifuge Cup	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 100 pcs/pack	pck	-11	3500	38,500.00				
3	Pipette Tip	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 100 pcs/pack	pck	11	1900	20,900.00				
4	Creatinine Strip	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 25 strips/pack	pck	33	2900	95,700.00				
5	GPT Strip	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 25 strips/pack	pck	33	2900	95,700.00				
6	Health Check Panel	for Automated Clinical Chemistry Analyzer (Arkray SPOTCHEM EZ SP-4430), 10 pcs/ pack	pck	85	8000	680,000.00				
						942,800.00	TOTAL QUOTED AMOUNT IN WORDS:			
Plea	Reviewed and Che	Mark Anthony Badua BAC TWG overnment price (including VAT) and state	e that the	time ossible	within which you e on or before th	ı can make deliv e deadline state	d herein.	e can have yo	ur quotation in	
	Dave & Secosura BUYER/ END-USER								-	
1. Price 2. In or SUPPI supplie 3. Deli 4. Awa 5. UPL 6. Any	der to assure that manu. IES, or a minimum of is. very period within he is of contract shall be not be reserves the right to interlineations, erasure.	nade to the lowest quotation wich complies with the reject any or all offers as may be considered most , or overwriting shall be valid only if they are signed	rarranty sec urs extende technical sp advantaged	ed wan	all be required from anty (if applicable) tions, and other term te University.	in the case of NON-	EXPENDABLE SUPPLIES after according to the second s	nonths, in the ca: eptance by End-u:	se of EXPENDABLE ser of the delivered	ŧ.
		(GPPB Resolution No. 21-2017) REQUIREMENTS	Shop (Section		Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53.10)	Negotiated Procurement- Scientific. Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	Negotiated Procurement- Emergency (Section 53.2)		
	Mayor's/Business Perr PhilGEPS Registration		1		/	/	/	/	1	
3		CV (consulting services)			//		/			
		returns (except for government agencies as lessor)			FOR ABC'S ABOVE	/	/	FOR ABC'S ABOVE	<u> </u>	
6	Omnibus Sworn State	ment			FOR ABC'S ABOVE			FOR ABC'S ABOVE	Ē	
	1	e with ABC above Ph500k			50K /			FOR ABC'S ABOVE		
	having carefully re of the Company:	ead and accepted your General Conditions	s, I/We qu	ote y	ou on the Item at	prices noted at	pove.		-	
Addre	ess:					Tel. No. :			-	
Cier	ture ever Dileted				_	Fax No. : Email Address:			_	
Name	ture over Printed of Representative:								_	
Positi						Date:				